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**California
Medicine**

EDITORIAL

Medicare and Medi-Cal To Date

THE MEDICARE program went into effect 1 July of this year with a minimum number of problems. Hospital benefits totaling over \$23 million were paid by the two Blue Cross Plans in California for over fifty thousand admissions for July through September. Nationwide, it is estimated that hospital admissions will run about one hundred thousand a week.

California Physicians' Service and Occidental Life Insurance Company combined (two carriers in California administering Part B benefits) had received over three hundred thousand Medicare claims for physicians' services as of 30 September. Since many of the claims for physicians' services are submitted to establish a beneficiary's deductible, not all claims will necessitate a payment.

In the beginning the signatures of patients were required on all claim forms. This requirement was studied by the Social Security Administration (SSA) and revised because it was found to be cumbersome. One signature by the patient will suffice to support claims for professional services in hospitals. The requirement of a patient's signature has also caused difficulty in the handling of claims for the treatment of patients who have died. Most health insurance programs permit such claims to be honored when made by a spouse

Dr. Edgar Wayburn, long a member of the Editorial Board of CALIFORNIA MEDICINE, has been appointed Acting Editor to serve during the absence of Dr. Dwight L. Wilbur on vacation. The Council of the CMA made the appointment at its meeting in September. Dr. Wilbur will return early in November.

or the family, without a formal court order, and SSA is trying to work out a procedure.

The carriers report that a substantial number of claim forms have had to be returned for further information before they could be processed, but this number is rapidly declining. They further report that the most usual problems confronting the persons who process the claim are:

1. Failure to use the SSA claim Form No. 1490 for physicians' services.
2. Failure to show the suffix on the beneficiary's health insurance number (the letter or letters following the number).
3. Lack of the appropriate Relative Value Study code number.
4. Omission of the physicians' license number.
5. Working out arrangements between hospital-based specialists and hospitals on methods of payment.

Joint teams made up of SSA employees and representatives of Blue Cross and other intermediaries have been visiting hospitals in larger cities to observe admission, billing and payment procedures now in operation, with a view to improving the effectiveness of the forms and procedures used, and to keep paper work at a minimum. The Secretary of Health, Education, and Welfare has appointed an eleven-man advisory